

**The Plan Room Plus Copy
Center
4015 S. Texas Ave.
Bryan, TX 77802**



**Phone: (979) 260-5902
Fax: (979) 260-5909**

**Email: bvcaPlanRoom@gmail.com
Website: www.bvca-planroom.com**

Brazos Valley Contractors Association, herein **BCVA**, and **(Company's Full Name)** _____, herein denoted as "client" hereby enter into an agreement for billing of the Client's credit card to be kept on file securely in the office of BVCA.

BVCA hereby assures the Client that all safety and protective measures available are in place to secure this information. Staff access is limited, building is secure and the electronic transmission of the Clients information will be done using a secure portal that is encrypted by the BVCA credit card clearing house. All charges to the client's card will appear as "Brazos Valley Contractors Association."

The Client is free to cancel this contract at any time. Cancellation needs to be in writing mailed to the BVCA Plan Room and signed by your Authorized Representative. You may call us by the 30/31st of the month before the BVCA bills your credit card to stop the payment. We are happy to do that for you and work with you if necessary. Please let us know.

The Client understands that a \$35 fee is to be levied for each declined transaction. BVCA will try the card two times and then the fee will be levied.

The Client agrees that they will be emailed their receipt of payment and it is the client's responsibility to make sure an accurate email is on file continually.

BVCA will charge your card either quarterly for dues or annually for dues. There will be a monthly charge on the first of each month for any charges for copies, cd's, thumb drives or other work that the BVCA Office Staff has done that is charged in addition to membership.

By signing this contract, you, the Client hereby authorize BVCA to make these charges by the 10th of the month according to your membership plan and monthly by the 10th of the month for any fees levied.

I, _____, Authorize Representative of (Company's Full Name) _____, hereby agree to the terms outlined in this agreement for charges to be applied to my credit card that will be kept securely on file with the BVCA. I understand I can decline and cancel this agreement at any time but am still responsible for fees incurred.

Signed: _____ Date: _____

TYPE OF CARD (Please Circle): MC VISA AMEX DISCOVER

Credit Card Number:

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Credit Card Expiration Date:

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Security Code:

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Billing Zip Code:

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Name as it appears on the card: _____

Email to send receipts to: _____

Are we billing your account Quarterly at \$195 or annually at \$780.
Monthly billing will also be charged to any card on file.

THERE WILL BE A \$35 CHARGE FOR ANY ATTEMPT THAT DOES NOT GO THROUGH AFTER TWO TRIES